

Florida Department of Health

Florida Venous Thromboembolism (VTE) Registry

May 14, 2026



Florida
HEALTH

Florida Venous Thromboembolism (VTE) Registry

2025 Florida Legislative Session: **Improving Screening for and Treatment of Blood Clots** **Emily Adkins Family Protection Act**

House Bill 1421

- Sponsor: Representative Black

Senate Bill 890

- Sponsor: Senator Yarborough

House Bill 1421

Establishes new statewide requirements for screening, training, and reporting to improve venous thromboembolism prevention and care in health care settings and assisted living facilities.

- This bill amends section 385.102 Florida Statute to add chronic obstructive pulmonary disease, chronic critical illness, and genetic predisposition for venous thromboembolism to the list of chronic diseases and conditions.
- This bill requires hospitals with an emergency department and ambulatory surgical centers to develop policies and regularly train staff to screen for and treat venous thromboembolisms using evidence-based best practices.
- This bill mandates updated in-service training for certified nursing assistants in nursing homes on recognizing and responding to venous thromboembolism symptoms and procedures.
- This bill requires assisted living facilities to provide new residents with educational information (e.g., a pamphlet) about venous thromboembolism risk factors, signs, and symptoms.
- This bill establishes a statewide venous thromboembolism registry.

Collaborations

- Department of Health (Department) will work with the following entities:
 - **Agency for Health Care Administration (AHCA)**
 - Shared responsibility in education and training for health care providers and health systems
 - **National Blood Clot Alliance (NBCA)**
 - Contracted entity to aid the Department in establishing and maintaining a statewide venous thromboembolism registry per section 395.3042 Florida Statute



House Bill 1421 (2025) – Emily Adkins Family Protection Act, Section 4

Jaime Bustos
Assistant Deputy Secretary





Overview

- Establishes Florida's first statewide, comprehensive surveillance system for monitoring venous thromboembolism (VTE)
- Will enhance statewide visibility into blood clot-related health outcomes and strengthen prevention, early detection, and quality improvement efforts across Florida's health care environment



AHCA's Role

- Collect and analyze inpatient and outpatient VTE data for services from July 1, 2024 – June 30, 2025
- Create and publish a detailed analytic report on the incidence of VTE by June 1, 2026
- Report will be posted on AHCA's Blood Clot & Pulmonary Embolism Policy Workgroup webpage and FloridaHealthFinder (FHF):

BLOOD CLOT & PULMONARY EMBOLISM
POLICY (BCPEP) WORKGROUP





Data for Analysis

- Age category
- Initial primary diagnosis and procedure
- Secondary diagnoses
- Inpatient readmission rates
- Admission rates for blood clots following ambulatory surgery
- Emergency department visits linked to prior admissions
- Whether the blood clot was present on admission
- Incidence of VTE-related procedures reported on FloridaHealthFinder
- Principal payer, sex, and discharge status



Agency Efforts

- Collaborated on monthly meetings with the Florida Department of Health
- Coordinated with 3 AHCA work units and the FHF vendor
- Defined ICD-10-CM diagnosis codes (65 in total used for case identification)
- Analyzed over 16.4 million health care encounters submitted by licensed hospitals, emergency departments, and ambulatory surgery centers



THANK YOU!



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National Blood Clot Alliance (NBCA)

Mission

- The National Blood Clot Alliance (NBCA) is a non-profit health organization dedicated to advancing the prevention, early diagnosis and successful treatment of life-threatening blood clots such as deep vein thrombosis and pulmonary embolism.
- NBCA programs include public awareness, patient education and professional training about the signs, symptoms, and prevention of blood clots and clotting disorders.
- NBCA's Medical and Scientific Advisory Board (MASAB) includes globally recognized experts in thrombosis and thrombophilia ([NBCA's MASAB](#)).
- Life-saving Resources and Training
 - Health Professionals
 - Patients/Family/Public



National Blood Clot Alliance
Stop The Clot®

<https://www.stoptheclot.org/Events/Florida-VTE-Registry>

Medical and Scientific Advisory Board

- An advisory board consisting of minimum of five medical and scientific experts in the area of venous thromboembolism who are charged with ensuring the integrity and validity of data collected and maintained by the statewide venous thromboembolism registry.
- The majority of the board must be medical and scientific experts practicing or working in the state of Florida.

Medical and Scientific Advisory Board

Ali Ataya, M.D.

Associate Professor of Medicine

University of Florida

Director, Pulmonary Hypertension Program
Chair, Florida Blood Clot Task Force

Marisol Betensky, M.D.

Director, Thrombosis Program

Johns Hopkins All Children's Hospital

Assistant Professor, Johns Hopkins University School of Medicine

Jeffrey A. Kline, M.D.

Brooks Bock Endowed Professor

Wayne State University

Associate Chair of Research, Emergency Medicine
Editor-in-Chief, Academic Emergency Medicine

Paul Lewis, M.D., FAAFP

Designated Institutional Official, GME

BayCare Health System

Board Certified: Family Medicine
& Clinical Informatics

Rushad Patell, M.D.

Assistant Professor of Medicine

Harvard Medical School / Beth Israel Deaconess
Medical Center

Attending Hematologist
Associate Fellowship Program Director

Medical and Scientific Advisory Board

Biographies



Ali Ataya, M.D. *Associate Professor of Medicine, University of Florida College of Medicine Director, Pulmonary Hypertension Program Director, HHT and Rare Lung Disease Program UF Health, Gainesville, Florida*

Dr. Ali Ataya is an Associate Professor of Medicine in the University of Florida Division of Pulmonary, Critical Care and Sleep Medicine, and Director of the Pulmonary Hypertension Program and the HHT and Rare Lung Disease Program at UF Health. He specializes in pulmonary disease and critical care medicine, with focused clinical expertise in pulmonary arterial hypertension (PAH), chronic thromboembolic pulmonary hypertension (CTEPH), and rare lung disorders.

Dr. Ataya earned his medical degree from the Royal College of Surgeons in Ireland, completed his internal medicine residency at the Cleveland Clinic in Ohio, and his fellowship in Pulmonary and Critical Care Medicine at the University of Florida.

He maintains active membership in the American Thoracic Society, the American College of Chest Physicians, and the Pulmonary Hypertension Association, and is a strong patient advocate actively involved in multiple patient foundations. He is engaged in numerous clinical trials in the fields of pulmonary hypertension, critical care medicine, and rare pulmonary diseases.

Dr. Ataya was appointed by Florida Surgeon General Joseph Ladapo to chair the state's blood clot task force following passage of the Emily Adkins Prevention Act, making him a uniquely pivotal figure at the intersection of Florida health policy and VTE prevention. He has served on the pulmonary embolism blood clot workgroup alongside the National Blood Clot Alliance, bringing his clinical expertise and state-level policy leadership to NBCA's mission of advancing blood clot prevention, education, and advocacy.

Medical and Scientific Advisory Board Biographies



Marisol Betensky, M.D., M.P.H. *Assistant Professor of Pediatrics, Division of Hematology, Johns Hopkins University School of Medicine Pediatric Hematologist, Johns Hopkins All Children's Cancer & Blood Disorders Institute*

Dr. Marisol Betensky is an Assistant Professor of Pediatrics in the Division of Hematology at Johns Hopkins University School of Medicine and a pediatric hematologist at the Johns Hopkins All Children's Cancer & Blood Disorders Institute in St. Petersburg, Florida. She serves as Director of the hospital's Pediatric Thrombosis Program, where she cares for patients with complex thrombotic disorders.

Dr. Betensky earned her medical degree from Universidad Anáhuac in Mexico City, Mexico, and her Master of Public Health from Boston University School of Public Health. She completed her pediatric residency and her fellowship in Pediatric Hematology-Oncology at Children's Hospital of Philadelphia.

An accomplished clinician-investigator, Dr. Betensky has received numerous grants and awards in support of her research in pediatric venous thromboembolism, including funding from the NIH/NHLBI, an American Society of Hematology Bridge Grant, and a Hemophilia and Thrombosis Research Society Thrombosis Studies Award. Her work has contributed to the development of evidence-based guidelines for anticoagulant prophylaxis in pediatric VTE patients.

Beyond her clinical and research roles, Dr. Betensky is committed to global health and medical education. She has worked extensively to provide medical training, develop research collaborations, and build capacity within hematology programs across Latin America.

Medical and Scientific Advisory Board Biographies



Jeffrey A. Kline, M.D. *Professor and Associate Chair for Research, Department of Emergency Medicine Brooks Bock Endowed Professor, Wayne State University School of Medicine Detroit, Michigan*

Dr. Jeffrey Kline is Professor and Associate Chair for Research in the Department of Emergency Medicine at Wayne State University School of Medicine, where he holds the Brooks Bock Endowed Professorship. He also serves as Editor-in-Chief of *Academic Emergency Medicine*, one of the field's leading peer-reviewed journals.

Dr. Kline's expertise centers on the diagnosis, risk stratification, and treatment of blood clots, with particular focus on computerized diagnosis, breath-based diagnosis, clinical protocols, and fibrinolysis. He helped establish an advanced hospital treatment program for patients with severe pulmonary embolism and created and directs a clinic that enables patients diagnosed with blood clots in the emergency department to safely manage treatment at home rather than in the hospital.

Dr. Kline's research has been cited more than 37,800 times, making him one of the most cited researchers in the field of thrombosis and emergency medicine in the world. His NIH-funded work has spanned pulmonary embolism diagnosis, pretest probability assessment, surrogate markers for severe PE, and breath-based diagnostics. His most recent work includes leading a multi-site ED-based surveillance network for acute pulmonary embolism across 91 hospitals, representing a landmark advance in real-world VTE epidemiology. He also recently led the first multi-center study to examine rates of pulmonary embolism in pediatric patients, presenting findings at the American Thoracic Society's 2025 International Conference that showed PE in children is far more common than previously understood.

Dr. Kline serves on the Board of Directors of the National Blood Clot Alliance (NBCA), contributing his clinical and research expertise to advancing VTE prevention, education, and patient advocacy at the national level.

Medical and Scientific Advisory Board Biographies



Paul Lewis, M.D., FAAFP, CPE, CPHIMS *Designated Institutional Official, Graduate Medical Education BayCare Health System, Tampa Bay, Florida*

Dr. Paul Lewis is a board-certified family medicine physician and clinical informaticist with BayCare Health System, one of the largest not-for-profit health systems in Florida. He serves as BayCare's Designated Institutional Official for Graduate Medical Education, where he leads the health system's expansion of residency and fellowship programs across the Tampa Bay region.

Dr. Lewis earned his medical degree from the University of South Florida College of Medicine and completed his family medicine residency in the Morton Plant Hospital–University of South Florida program. He served as a United States Air Force flight physician before joining BayCare, where he has held a number of leadership roles, including Medical Director and lead Physician Informaticist during BayCare's implementation of its inpatient electronic medical record system.

Dr. Lewis is board certified by the American Board of Family Medicine and by the American Board of Preventive Medicine in Clinical Informatics. He holds designations as a Fellow of the American Academy of Family Physicians (FAAFP) and Certified Physician Executive (CPE).

Dr. Lewis serves on the Medical and Scientific Advisory Board of the National Blood Clot Alliance (NBCA), where he brings a primary care and health systems perspective to VTE prevention, education, and the advancement of guideline-concordant care across community settings.

Medical and Scientific Advisory Board Biographies



Rushad Patell, M.D. *Attending Hematologist, Beth Israel Deaconess Medical Center Assistant Professor of Medicine, Harvard Medical School*

Dr. Rushad Patell is an attending hematologist at Beth Israel Deaconess Medical Center (BIDMC) and Assistant Professor of Medicine at Harvard Medical School in Boston, Massachusetts. A nationally recognized expert in thrombosis and hemostasis, Dr. Patell specializes in cancer-associated venous thromboembolism, anticoagulation management, and thromboprophylaxis. His clinical practice spans benign hematology, hemostasis, and thrombosis, and his research has been cited more than 3,500 times in the scientific literature.

Dr. Patell received his medical degree from Baroda Medical College, completed his internal medicine residency at the Cleveland Clinic Foundation, and pursued his fellowship in hematology and medical oncology at Beth Israel Deaconess Medical Center, where he continues to practice and conduct research. He is board certified by the American Board of Internal Medicine.

An active researcher and educator, Dr. Patell has published extensively in high-impact journals including *Blood Advances* and the *American Journal of Hematology*, with work spanning VTE risk assessment, cancer-associated thrombosis, and anticoagulation outcomes. He currently serves as Associate Fellowship Program Director for the BIDMC Hematology-Oncology Fellowship, where he is committed to developing the next generation of clinician-scientists.

Dr. Patell also serves as Chair of the National Blood Clot Alliance's Council of Emerging Researchers in Thrombosis (CERT), a platform that fosters collaboration among early-career clinicians and investigators working in thrombosis and thrombophilia. Under his leadership, CERT advances research and scientific initiatives undertaken on behalf of thrombosis patients.

Education and Training

- Develop and implement policies and procedures for the rendering of appropriate medical attention for persons at risk of forming venous thromboembolisms which reflect evidence-based best practices relating to, at a minimum:
 - Assessing patients for risk of venous thromboembolism using a nationally recognized **risk assessment tool**.
 - **Treatment options** for a patient diagnosed with venous thromboembolism.



Education and Training

- Train all nonphysician personnel* at least annually on the policies and procedures
 - Identifying risks
 - Identifying symptoms
 - Screening procedures
 - Standard of care/Treatment

**Applicable primarily to assisted living facilities*

Education and Training

- Current educational resources available from the National Blood Clot Alliance:
 - **Online VTE Course**
 - Program Description: Provide the most current foundational information and clinical considerations to assess and treat patients at risk of and experiencing venous thromboembolism (VTE), and to improve the ability of healthcare professionals to identify and manage these patients successfully.
 - Target Audience: Physicians, Registered Nurses, Physician Assistants, Pharmacists, Other Allied Health Professionals
 - No-Cost Continuing Education (CE)
 - Questions about the course to VTEeLearning@stoptheclot.org

Education and Training

- Several well-regarded VTE (DVT&PE) Risk Assessment Tools are available for clinicians
- Predicting Future VTE Risk
 - Caprini and Khorana Score
- Evaluating the likelihood of current PE/VTE
 - Wells, Revised Geneva, PERC
- Post PE evaluation to assess severity, prognosis, and appropriate treatment
 - PESI, sPESI, Hestia

* This list is NOT representative of all risk assessment tools

Education and Training

Risk assessment tool that helps to predict a surgical or hospitalized patient's likelihood of developing a blood clot

Caprini Score (2005) www.capriniriskscore.org

<https://www.mdcalc.com/calc/3970/caprini-score-venous-thromboembolism-2005>

Predicts a surgical or hospitalized patient's likelihood of developing a blood clot.

- Assigns points to risk factors: age, surgery type, cancer, prior clots, hormonal therapy, and more
- Points are totaled to place patients into four risk categories: Low, Moderate, High, and Very High
- Guides clinical decisions about the type and duration of preventive treatment (blood thinners, compression devices)
- Validated in over 5 million patients across 250+ clinical trials worldwide
- Uniquely includes family history of VTE and pregnancy loss as independent risk factors

Education and Training

Wells Score for DVT (2003)

<https://www.mdcalc.com/calc/362/wells-criteria-dvt>

Clinical prediction tool that estimates the probability that a patient's symptoms are caused by a deep vein thrombosis

- Evaluates factors such as leg swelling, localized tenderness, immobilization, active cancer, and prior DVT
- Produces a score that places patients into two categories: **DVT Likely or DVT Unlikely**
- Helps clinicians determine next steps – whether to proceed directly to ultrasound or first use a D-dimer blood test to rule out DVT
- Reduces unnecessary testing by identifying patients who can be safely evaluated without imaging
- A widely used and validated DVT prediction tool in clinical practice

Education and Training

Wells Score for PE (2001)

<https://www.mdcalc.com/calc/115/wells-criteria-pulmonary-embolism>

Clinical prediction tool that estimates the probability that a patient's symptoms are caused by a pulmonary embolism

- Evaluates factors such as signs of DVT, heart rate, immobilization, prior PE or DVT, active cancer, and whether PE is the most likely diagnosis
- Produces a score that places patients into two categories: **PE Likely or PE Unlikely**
- Guides decisions on whether to proceed directly to CT imaging or first use a D-dimer blood test to rule out PE
- Helps avoid unnecessary CT scans while ensuring high-risk patients receive prompt imaging and treatment
- One of several validated PE prediction tools in emergency and clinical settings

Education and Training

Pulmonary Embolism Severity Index (PESI) Calculator (2005)

<https://www.mdcalc.com/calc/1304/pulmonary-embolism-severity-index-pesi>

Risk stratification tool used after a PE diagnosis is confirmed – not for diagnosis, but for determining severity

- Evaluates 11 clinical factors including age, cancer, heart failure, blood pressure, oxygen levels, and heart rate
- Stratifies patients into five risk classes predicting 30-day mortality risk
- Guides critical treatment decisions – whether a patient can be safely managed as an outpatient or requires hospitalization or intensive care
- Validated in over 15,000 patients
- A simplified version (sPESI) uses just 6 variables and is widely used at the bedside for faster assessment

Education and Training

Khorana Score (2008, ASCO Updated 2023)

<https://www.mdcalc.com/calc/3315/khorana-risk-score-venous-thromboembolism-cancer-patients>

Risk assessment tool that predicts the likelihood of a blood clot developing depending on type of cancer and other factors

- Evaluates five factors: cancer type, pre-chemotherapy platelet count, hemoglobin level, pre-chemotherapy leukocyte count, BMI
- Scores of 2 or higher identify patients at significantly elevated risk who may benefit from preventive blood thinners
- Particularly important for high-risk cancers including pancreatic, stomach, bladder, gynecologic, lung, and lymphoma, testicular, other
- The most widely validated VTE prediction tool specifically designed for oncology patients
- Directly relevant to the cancer and VTE conversation – a key clinical bridge between oncology care and clot prevention

Education and Training

PERC – Pulmonary Embolism Rule-Out Criteria (2004/2008)

<https://www.mdcalc.com/calc/347/perc-rule-pulmonary-embolism>

Used to rule out PE without further testing in low-risk patients

- 8-item checklist applied when clinical pre-test probability for PE is $\leq 15\%$
- If all 8 criteria are absent, PE can be excluded without D-dimer or imaging
- Designed to reduce unnecessary testing – not a diagnostic tool
- Not applicable to moderate or high-risk patients
- Often used in emergency departments

Education and Training

Revised Geneva Score for Pulmonary Embolism (2006/2008)

<https://www.mdcalc.com/calc/1750/geneva-score-revised-pulmonary-embolism>

Pre-test probability assessment for PE

- Fully objective 9-variable clinical prediction rule – no gestalt variable required
- Stratifies patients into low, intermediate, or high PE probability
- Guides decisions on D-dimer testing and CT imaging
- More standardized across providers than Wells PE Score due to absence of clinical gestalt item
- Widely used in emergency and outpatient settings

Education and Training

Hestia Criteria – Hestia Criteria for Outpatient PE Treatment (2011)

<https://www.mdcalc.com/calc/3918/hestia-criteria-outpatient-pulmonary-embolism-treatment>

Determine eligibility for outpatient treatment and early discharge after confirmed PE

- 11-item checklist applied after PE is confirmed
- Evaluates PE severity, bleeding risk, comorbidities, oxygen requirements, pain control, and social/practical factors
- If none of the 11 criteria are present, patient may be safely treated at home with anticoagulation
- Particularly useful for guiding discharge decisions from the emergency department

Education and Training

sPESI – Simplified Pulmonary Embolism Severity Index (2010)

<https://www.mdcalc.com/calc/1247/simplified-pesi-pulmonary-embolism-severity-index>

Predict 30-day mortality and guide inpatient vs. outpatient management after confirmed PE

- Streamlined 6-variable version of the original PESI
- Variables: age >80, cancer history, chronic cardiopulmonary disease, systolic BPO <100 mmHg, heart rate ≥110, oxygen saturation <90%
- Score of 0 identifies low-risk patients who may be safely treated at home
- Faster and simpler than the original PESI with comparable predictive performance
- **Directly incorporated into the 2026 AHA/ACC Pulmonary Embolism Guideline**

About These Guidelines

- National and international medical societies have established VTE clinical guidelines that set the standard for how clinicians identify, prevent, and treat blood clots.
- These guidelines inform clinical policy, quality metrics, and risk management frameworks across health care settings.
- Understanding and aligning with current guidelines is essential for clinical teams committed to reducing preventable VTE events and improving patient outcomes.

VTE & PE Management

ASH

American Society of Hematology (2018-2023)

A comprehensive US guideline suite for VTE management covering a broad range of clinical scenarios.

- Ten separate guideline sets: VTE treatment, pregnancy, cancer, thrombophilia, surgical prophylaxis, medical prophylaxis, heparin-induced thrombocytopenia, pediatrics, anticoagulation in COVID-19, and unusual site thrombosis
- Evidence-based using GRADE methodology; reviewed and updated annually
- Freely accessible to all clinicians — no subscription required
- Includes the ASH Clinical Practice Guidelines App for bedside reference

Access:

<https://www.hematology.org/education/clinicians/guidelines-and-quality-care/clinical-practice-guidelines/venous-thromboembolism-guidelines>

CHEST

American College of Chest Physicians (2024)

Long-standing US anticoagulation guidelines, updated in 2024 with current evidence on drug selection and prophylaxis.

- Covers anticoagulant drug selection, treatment duration, and VTE prophylaxis for surgical and medical inpatients
- Primary reference for Caprini and Rogers Score prophylaxis thresholds

Access: <https://www.chestnet.org/guidelines-and-topic-collections/guidelines/pulmonary-vascular>

AHA/ACC

American Heart Association / American College of Cardiology + 8 Societies

Published February 2026. A multi-society PE guideline representing consensus across ten major medical societies.

- Joint effort of AHA, ACC, ACCP, ACEP, CHEST, SCAI, SHM, SIR, SVM, and SVN
- Introduces new AHA/ACC Acute PE Clinical Categories for more precise severity classification

Access:

<https://www.ahajournals.org/doi/10.1161/CIR.0000000000001415>

Cancer, Pregnancy, & OB-GYN

ASCO

American Society of Clinical Oncology (2023)

US oncology guideline for cancer-associated thrombosis, directly incorporating the Khorana Score for clinical decision-making.

- Recommends use of the Khorana Score to identify ambulatory cancer patients who should receive primary VTE prophylaxis
- Addresses VTE management across pancreatic, gastric, lung, gynecologic, and hematologic malignancies
- Provides guidance on anticoagulation duration and management of bleeding risk in cancer patients
- Key reference for the cancer and VTE clinical conversation

Access: <https://www.asco.org/practice-patients/guidelines/cancer-associated-venous-thromboembolic-disease>

NCCN

National Comprehensive Cancer Network (Updated Annually)

Practical, algorithm-based VTE guidelines widely used by oncologists at the bedside across cancer centers.

- Detailed, algorithm-driven guidance on VTE prophylaxis and treatment for cancer patients — updated every year
- Covers a broad range of cancer types and treatment settings (inpatient, outpatient, surgical)
- Addresses prophylaxis decisions for patients on chemotherapy, immunotherapy, and targeted agents
- Widely used alongside ASCO guidelines — NCCN's algorithm format is particularly practical for daily clinical use
- Free access with registration at NCCN.org; available as printable quick-reference cards

Access: <https://www.nccn.org/guidelines/guidelines-detail?category=3&id=1423>

ACOG

American College of Obstetricians and Gynecologists (Current)

Primary US obstetric guidance for VTE prevention and treatment during pregnancy and the postpartum period.

- Tiered clinical framework for antepartum and postpartum VTE risk stratification used by US OBs
- Guides decisions on prophylactic anticoagulation, compression therapy, and monitoring in pregnancy
- Addresses management of acute VTE diagnosed during pregnancy
- Standard of care reference for US obstetric practices and hospital protocols
- Should be used alongside the RCOG risk tool and ASH pregnancy guidelines for comprehensive decision-making

Access: <https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2018/08/thromboembolism-in-pregnancy>

ASH / ISTH — Treatment

American Society of Hematology / International Society on Thrombosis and Haemostasis (2024 – Published/May 2025)

First update since 2018. Updated 16 recommendations and added 4 new ones, reflecting a decade of new pediatric clinical trial data.

- Recommends direct oral anticoagulants (DOACs) over standard-of-care anticoagulants in many children — a significant change from 2018
- For select low-risk provoked VTE, suggests 6 weeks of anticoagulation rather than 3 months
- For unprovoked pediatric VTE, suggests 6–12 months of anticoagulation rather than indefinite treatment
- Developed by an expert panel jointly convened by ASH and ISTH following a rigorous evidence review
- 20 total recommendations with implementation guidance on optimal anticoagulant use in pediatric patients

Access: <https://www.isth.org/page/PedVTEGuidelines>

ASH / ISTH — Prophylaxis

American Society of Hematology / International Society on Thrombosis and Haemostasis (New April 2026)

First-ever comprehensive guidelines on VTE prophylaxis in non-cardiac pediatric patients.

- Addresses a critical gap — hospital-acquired VTE is the second most common cause of preventable harm in hospitalized children
- Covers non-cardiac pediatric patients at risk including those with cancer, critical illness, and other complex conditions
- First comprehensive evidence-based prophylaxis framework established for this population
- Developed jointly by ASH and ISTH; published in Blood Advances
- Visual summaries and teaching slides available at hematology.org/VTE

Access: <https://www.hematology.org/VTE>

Registry Requirements

Per section 395.3042 Florida Statute, the following items are to be reported to a statewide registry:

- The number of venous thromboembolisms identified and diagnosed
- The age of the patient
- The zip code of the patient
- The sex of the patient
- The race and ethnicity of the patient
- Whether the patient is a resident of a licensed nursing home or assisted living facility
- Whether the venous thromboembolism was fatal
- How the diagnosis was made, such as by using imaging modalities
- The treatment that was recommended for the venous thromboembolism

Registry's Primary Focus

- Identifying the true burden of the condition/disease
 - Incidence
 - Prevalence
 - Mortality
- Time to Diagnosis
- Treatment

Registry's Primary Focus

- Standard of care
 - In-hospital vs. Post-Hospital Care
 - Among average risk population
 - Among at-risk population
 - Among pregnant women
 - Among cancer patients
 - Surgical patients

Data Gathering

- Health Information Exchange (HIE)
 - Daily feed to the Department/National Blood Clot Alliance
 - Based on ICD-10 codes
- Ad Hoc Hospital Reporting
 - Quarterly reports
 - REDCap Software
 - At a minimum, tab-delimited file
- Linkages
 - Florida Cancer Data System
 - Florida Stroke Registry
 - Maternal Child Health Databases
 - Florida Vital Statistics

ICD-10 Codes

- **Deep Vein Thrombosis (DVT)**
 - I82.401–403, I82.409, I82.411–413, I82.419, I82.451–453, I82.459, I82.491–493, I82.499
- **Pulmonary Embolism (PE)**
 - I26.01, I26.02, I26.09, I26.90, I26.92–94, I26.99
- **Chronic DVT**
 - I82.501–503, I82.509, I82.511–513, I82.519, I82.521–523, I82.529, I82.531–533, I82.539
- **Chronic Complications of DVT**
 - I87.01, I87.02, I87.03, I87.09
- **Chronic PE**
 - I27.82, I27.83
- **Chronic Thromboembolic Pulmonary Hypertension (CTEPH)**
 - I27.24

Z-Codes

- **Prior PE**
 - Z86.711
- **Prior DVT**
 - Z86.718
- **Prior PE2**
 - Z86.711
- **Prior DVT2**
 - Z86.718

Registry's Next Steps

- Training Opportunities
 - Facility type
 - Provider type
 - Topic
- Hospital Dashboards
 - Patient demographics
 - VTE occurrence based on setting/location
 - VTE occurrence
 - Post 30 days
 - Post 60 days
 - Post 90 days

Upcoming Webinars

THURSDAY

May 14

12:00 – 1:30 PM

TUESDAY

June 3

12:00 – 1:30 PM

bit.ly/FLVTERegistryWebinarJune



Florida Venous Thromboembolism Registry

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